

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

ADDRESS (number and street)

7000 CARDINAL PLACE

☐Check if different
than previously
reported. (ACC)

DUBLIN

OH

43017

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00332833

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☒July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

02

01

2009

through

06

30

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

JAMES W. HOEBERLING

Signature of Treasurer

Electronically Filed by JAMES W. HOEBERLING

Date

07

08

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only							
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

Report Covering the Period:

From:

M M
0 2D D
0 1Y Y Y Y
2 0 0 9

To:

M M
0 6D D
3 0Y Y Y Y
2 0 0 9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2009		192553.60
(b) Cash on Hand at Beginning of Reporting Period	210995.01	
(c) Total Receipts (from Line 19)	59283.67	74725.08
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	270278.68	267278.68
7. Total Disbursements (from Line 31)	79550.00	76550.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	190728.68	190728.68
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	2	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	W	Y
0	6	3	0	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	48236.92	56098.52
(ii) Unitemized	5867.37	13294.98
(iii) TOTAL (add Lines 11(a)(i) and (ii)	54104.29	69393.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	54104.29	69393.50
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	5000.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	179.38	331.58
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	59283.67	74725.08
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	59283.67	74725.08

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	47500.00	45000.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	32050.00	31550.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	79550.00	76550.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	79550.00	76550.00	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	54104.29	69393.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	54104.29	69393.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

David Anderson

Mailing Address 7977 Wingate Place

City

Delaware

State

OH

Zip Code

43015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

President, Gm Hospital Supply

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.97

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 90320.C91321

Amount of Each Receipt this Period

576.90

Receipt

Payroll Deduction: (57.69-
/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Charles Armstrong

Mailing Address 6864 Rob Roy Drive

City

Dublin

State

OH

Zip Code

43017-8084

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Dir, Financial Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

72.86

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 90320.C91230

Amount of Each Receipt this Period

17.15

Receipt

Payroll Deduction: (17.15-
/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Charles Armstrong

Mailing Address 6864 Rob Roy Drive

City

Dublin

State

OH

Zip Code

43017-8084

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Dir, Financial Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.66

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: 90320.C91428

Amount of Each Receipt this Period

182.80

Receipt

Payroll Deduction: (22.85-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

776.85

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Charles Armstrong

Mailing Address 6864 Rob Roy Drive

City

Dublin

State

OH

Zip Code

43017-8084

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Dir, Financial Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

267.09

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: 90708.C92649

Amount of Each Receipt this Period

11.43

Receipt

Payroll Deduction: (11.43-
/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Cassandra Baker

Mailing Address 1751 Barrington Rd

City

Upper Arlington

State

OH

Zip Code

43221

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Vp, Govt Relations Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

191.94

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 90320.C91296

Amount of Each Receipt this Period

49.10

Receipt

Payroll Deduction: (49.10-
/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Cassandra Baker

Mailing Address 1751 Barrington Rd

City

Upper Arlington

State

OH

Zip Code

43221

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Vp, Govt Relations Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.32

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: 90320.C91486

Amount of Each Receipt this Period

115.38

Receipt

Payroll Deduction: (57.69-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

175.91

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Cassandra Baker

Mailing Address 1751 Barrington Rd

City

Upper Arlington

State

OH

Zip Code

43221

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Vp, Govt Relations Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

733.27

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 7 / 2 0 0 9

Transaction ID: 90708.C91810

Amount of Each Receipt this Period

425.95

Receipt

Payroll Deduction: (60.85-
/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

James Barker

Mailing Address 2761 Skelton Ln

City

Blacklick

State

OH

Zip Code

43004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Vp, Sourcing Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

93.10

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 90320.C91267

Amount of Each Receipt this Period

23.44

Receipt

Payroll Deduction: (23.44-
/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

James Barker

Mailing Address 2761 Skelton Ln

City

Blacklick

State

OH

Zip Code

43004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Vp, Sourcing Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

145.10

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: 90320.C91438

Amount of Each Receipt this Period

52.00

Receipt

Payroll Deduction: (26.00-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

501.39

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

James Barker

Mailing Address 2761 Skelton Ln

City

Blacklick

State

OH

Zip Code

43004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Vp, Sourcing Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.96

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 7 / 2 0 0 9

Transaction ID: 90708.C91759

Amount of Each Receipt this Period

188.86

Receipt

Payroll Deduction: (26.98-
/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

George Barrett

Mailing Address 1038 Mill Rd Circle

City

Rydal

State

PA

Zip Code

19046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Vice Chairman & Ceo, Hscs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: 90708.C91875

Amount of Each Receipt this Period

1153.80

Receipt

Payroll Deduction: (192.3-
0/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Johnni Beckel

Mailing Address 3680 Nicoya Court
Court

City

Lewis Center

State

OH

Zip Code

43035

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Evp, Hr Business Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 90320.C91205

Amount of Each Receipt this Period

1000.00

Receipt

Payroll Deduction: (100.0-
0/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

2342.66

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Laurel Beeler

Mailing Address 1723 Eagle Trl

City

Oxford

State

MI

Zip Code

48371

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Dir, Sales Training Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 90320.C91269

Amount of Each Receipt this Period

250.00

Receipt

Payroll Deduction: (25.00-
/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Shelley Bird

Mailing Address 7998 Caraway Ave

City

Dublin

State

OH

Zip Code

43016

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Evp, Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 90320.C91203

Amount of Each Receipt this Period

1000.00

Receipt

Payroll Deduction: (100.0-
0/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Scott Bostick

Mailing Address 1546 Vivaldi Drive

City

Cardiff

State

CA

Zip Code

92007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Svp, Gm Medical Dispensing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 90320.C91293

Amount of Each Receipt this Period

400.00

Receipt

Payroll Deduction: (40.00-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Mark Branday

Mailing Address 55 Island Blvd

City

Fox Island

State

WA

Zip Code

98333

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Vp, Account

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

174.75

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 90320.C91333

Amount of Each Receipt this Period

82.75

Receipt

Payroll Deduction: (82.75-
/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mark Branday

Mailing Address 55 Island Blvd

City

Fox Island

State

WA

Zip Code

98333

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Vp, Account

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.67

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: 90320.C91446

Amount of Each Receipt this Period

65.92

Receipt

Payroll Deduction: (32.96-
/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mark Branday

Mailing Address 55 Island Blvd

City

Fox Island

State

WA

Zip Code

98333

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Vp, Account

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.63

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 7 / 2 0 0 9

Transaction ID: 90708.C91768

Amount of Each Receipt this Period

239.96

Receipt

Payroll Deduction: (34.28-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

388.63

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Gary Cacciatore

Mailing Address 3810 Loch Glen Ct

City

Houston

State

TX

Zip Code

77059

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Vp, Reg Aff-regulation Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

109.03

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 90320.C91275

Amount of Each Receipt this Period

27.06

Receipt

Payroll Deduction: (27.06-
/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Gary Cacciatore

Mailing Address 3810 Loch Glen Ct

City

Houston

State

TX

Zip Code

77059

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Vp, Reg Aff-regulation Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

175.03

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: 90320.C91448

Amount of Each Receipt this Period

66.00

Receipt

Payroll Deduction: (33.00-
/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Gary Cacciatore

Mailing Address 3810 Loch Glen Ct

City

Houston

State

TX

Zip Code

77059

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Vp, Reg Aff-regulation Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.27

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 7 / 2 0 0 9

Transaction ID: 90708.C91769

Amount of Each Receipt this Period

240.24

Receipt

Payroll Deduction: (34.32-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

333.30

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Steven Callison

Mailing Address 1368 Lincoln Road

City

Columbus

State

OH

Zip Code

43212

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Vp, It Prog/proj Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

56.50

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 90320.C91219

Amount of Each Receipt this Period

13.80

Receipt

Payroll Deduction: (13.80-
/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Steven Callison

Mailing Address 1368 Lincoln Road

City

Columbus

State

OH

Zip Code

43212

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Vp, It Prog/proj Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

88.42

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: 90320.C91391

Amount of Each Receipt this Period

31.92

Receipt

Payroll Deduction: (15.96-
/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Steven Callison

Mailing Address 1368 Lincoln Road

City

Columbus

State

OH

Zip Code

43212

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Vp, It Prog/proj Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.62

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 7 / 2 0 0 9

Transaction ID: 90708.C91711

Amount of Each Receipt this Period

116.20

Receipt

Payroll Deduction: (16.60-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

161.92

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Anthony Caprio

Mailing Address 6 Cottage Lane

City

Marlboro

State

NJ

Zip Code

07746

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Svp, Ips Sales

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 90320.C91204

Amount of Each Receipt this Period

1000.00

Receipt

Payroll Deduction: (100.0-
0/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Kerry Clark

Mailing Address 8515 Fox Cub Lane
#1502

City

Cincinnati

State

OH

Zip Code

45243

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Chairman & Ceo, Cah

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 90320.C91240

Amount of Each Receipt this Period

1923.00

Receipt

Payroll Deduction: (192.3-
0/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Jack Coffey

Mailing Address 200 Bay Shore Drive

City

Rockwood

State

TN

Zip Code

37854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Svp, Qra

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 90320.C91207

Amount of Each Receipt this Period

1000.00

Receipt

Payroll Deduction: (100.0-
0/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

3923.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Mary Cooney

Mailing Address 2211 Briarglen #507

City State Zip Code
 Houston TX 77027

FEC ID number of contributing federal political committee.

C

Name of Employer
Cardinal Health, IncOccupation
Evp, Hr Business Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 2 / 1 3 / 2 0 0 9

Transaction ID: 90320.C91210

Amount of Each Receipt this Period

1000.00

Receipt

Payroll Deduction: (100.0-
0/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Bonita Court

Mailing Address 5392 S Cambridge Ln

City State Zip Code
 Greenfield WI 53221

FEC ID number of contributing federal political committee.

C

Name of Employer
Cardinal Health, IncOccupation
Mgr, Sales Training/process

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

90.24

Date of Receipt

M M / D D / Y Y Y Y Y
 0 2 / 1 3 / 2 0 0 9

Transaction ID: 90320.C91265

Amount of Each Receipt this Period

22.66

Receipt

Payroll Deduction: (22.66-
/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Bonita Court

Mailing Address 5392 S Cambridge Ln

City State Zip Code
 Greenfield WI 53221

FEC ID number of contributing federal political committee.

C

Name of Employer
Cardinal Health, IncOccupation
Mgr, Sales Training/process

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

136.68

Date of Receipt

M M / D D / Y Y Y Y Y
 0 2 / 2 7 / 2 0 0 9

Transaction ID: 90320.C91430

Amount of Each Receipt this Period

46.44

Receipt

Payroll Deduction: (23.22-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1069.10

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Bonita Court

Mailing Address 5392 S Cambridge Ln

City

Greenfield

State

WI

Zip Code

53221

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Mgr, Sales Training/process

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

304.12

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 7 / 2 0 0 9

Transaction ID: 90708.C91751

Amount of Each Receipt this Period

167.44

Receipt

Payroll Deduction: (23.92-
/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Sally Curley

Mailing Address 9035 Esin Ct

City

Powell

State

OH

Zip Code

43065-9047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health Inc.

Occupation

SVP

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 3 / 2 0 0 9

Transaction ID: 90320.C91335

Amount of Each Receipt this Period

1500.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Jody Davids

Mailing Address 7638 Red Bay Court

City

Dublin

State

OH

Zip Code

43016

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Evp, Gss And Cio

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 90320.C91317

Amount of Each Receipt this Period

500.00

Receipt

Payroll Deduction: (50.00-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

2167.44

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 81

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Ted Dibiase

Mailing Address 4954 Rosegate Court
Island Drive

City State Zip Code
Dublin OH 43017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation
Vp, Hr Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.28

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 90320.C91319

Amount of Each Receipt this Period

50.52

Receipt

Payroll Deduction: (50.52-
/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Ted Dibiase

Mailing Address 4954 Rosegate Court
Island Drive

City State Zip Code
Dublin OH 43017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation
Vp, Hr Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

758.08

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: 90320.C91491

Amount of Each Receipt this Period

550.80

Receipt

Payroll Deduction: (61.20-
/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Michael Duffy

Mailing Address 6825 Macneil Dr

City State Zip Code
Dublin OH 43017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation
President, Hscs Medical

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 90320.C91256

Amount of Each Receipt this Period

200.00

Receipt

Payroll Deduction: (20.00-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

801.32

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Gary Ellis

Mailing Address 6146 Balmoral Drive

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Svp, Branded Purchasing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 90320.C91261

Amount of Each Receipt this Period

200.00

Receipt

Payroll Deduction: (20.00-
/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Stephen Falk

Mailing Address 2480 Sandover Rd

City

Columbus

State

OH

Zip Code

43220

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Evp, General Counsel Hscs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 90320.C91206

Amount of Each Receipt this Period

1000.00

Receipt

Payroll Deduction: (100.0-
0/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Stephen Flannery

Mailing Address 275 East Center St

City

Shavertown

State

PA

Zip Code

18708

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Vp, Direct Sales Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

68.62

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 90320.C91229

Amount of Each Receipt this Period

16.87

Receipt

Payroll Deduction: (16.87-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1216.87

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Stephen Flannery

Mailing Address 275 East Center St

City

Shavertown

State

PA

Zip Code

18708

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Vp, Direct Sales Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

105.34

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: 90320.C91394

Amount of Each Receipt this Period

36.72

Receipt

Payroll Deduction: (18.36-
/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Stephen Flannery

Mailing Address 275 East Center St

City

Shavertown

State

PA

Zip Code

18708

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Vp, Direct Sales Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.41

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 7 / 2 0 0 9

Transaction ID: 90708.C91714

Amount of Each Receipt this Period

133.07

Receipt

Payroll Deduction: (19.01-
/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Ivan Fong

Mailing Address 21 S. Parkview Ave.

City

Columbus

State

OH

Zip Code

43209

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Chief Legal Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 90320.C91236

Amount of Each Receipt this Period

1923.00

Receipt

Payroll Deduction: (192.3-
0/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

2092.79

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Edmund Fry

Mailing Address 10 Edgewater Dr.
11-h

City State Zip Code
Coral Gables FL 33133

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation
Svp, Quality Assurance/reg Com

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 90320.C91209

Amount of Each Receipt this Period

1000.00

Receipt

Payroll Deduction: (100.0-
0/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Joshua Gaines

Mailing Address 5721 Clover Lane
Drive

City State Zip Code
Westerville OH 43081

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation
Svp, Assoc General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 90320.C91268

Amount of Each Receipt this Period

250.00

Receipt

Payroll Deduction: (25.00-
/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Robert Giacalone

Mailing Address 7471 Balfoure Circle

City State Zip Code
Dublin OH 43017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation
Svp, Reg Affairs/chf Reg Cnsl

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

137.11

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 90320.C91282

Amount of Each Receipt this Period

33.36

Receipt

Payroll Deduction: (33.36-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1283.36

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Robert Giacalone

Mailing Address 7471 Balfoure Circle

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Svp, Reg Affairs/chf Reg Cnsl

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.93

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: 90320.C91462

Amount of Each Receipt this Period

91.82

Receipt

Payroll Deduction: (45.91-
/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Robert Giacalone

Mailing Address 7471 Balfoure Circle

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Svp, Reg Affairs/chf Reg Cnsl

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

561.57

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 7 / 2 0 0 9

Transaction ID: 90708.C91783

Amount of Each Receipt this Period

332.64

Receipt

Payroll Deduction: (47.52-
/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

David Goldsberry

Mailing Address 321 St Andrews Ln

City

Gurnee

State

IL

Zip Code

60031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Vp, Direct Sales Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

77.33

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 90320.C91232

Amount of Each Receipt this Period

19.01

Receipt

Payroll Deduction: (19.01-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

443.47

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

David Goldsberry

Mailing Address 321 St Andrews Ln

City

Gurnee

State

IL

Zip Code

60031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Vp, Direct Sales Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

118.67

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: 90320.C91426

Amount of Each Receipt this Period

41.34

Receipt

Payroll Deduction: (20.67-
/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

David Goldsberry

Mailing Address 321 St Andrews Ln

City

Gurnee

State

IL

Zip Code

60031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Vp, Direct Sales Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.05

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 7 / 2 0 0 9

Transaction ID: 90708.C91747

Amount of Each Receipt this Period

149.38

Receipt

Payroll Deduction: (21.34-
/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

David Gonzales

Mailing Address 384 Colorado Drive

City

Cedar Creek

State

TX

Zip Code

78612

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Dir, State Govt Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 90320.C91315

Amount of Each Receipt this Period

500.00

Receipt

Payroll Deduction: (50.00-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

690.72

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Carolyn Grant

Mailing Address 6869 Meadow Glen Dr

City

Westerville

State

OH

Zip Code

43082

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Dir, Fed Govt Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 90320.C91283

Amount of Each Receipt this Period

350.00

Receipt

Payroll Deduction: (35.00-
/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

John Grisdale

Mailing Address 7135 Fodor

City

New Albany

State

OH

Zip Code

43054

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Vp, Marketing Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 90320.C91259

Amount of Each Receipt this Period

200.00

Receipt

Payroll Deduction: (20.00-
/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Michael Groesbeck

Mailing Address 33916 Summerfield

City

Gurnee

State

IL

Zip Code

60031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Svp, Qra Mpm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

77.44

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 90320.C91233

Amount of Each Receipt this Period

19.19

Receipt

Payroll Deduction: (19.19-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

569.19

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Michael Groesbeck

Mailing Address 33916 Summerfield

City

Gurnee

State

IL

Zip Code

60031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Svp, Qra Mpm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

118.54

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: 90320.C91425

Amount of Each Receipt this Period

41.10

Receipt

Payroll Deduction: (20.55-
/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Michael Groesbeck

Mailing Address 33916 Summerfield

City

Gurnee

State

IL

Zip Code

60031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Svp, Qra Mpm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

267.43

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 7 / 2 0 0 9

Transaction ID: 90708.C91746

Amount of Each Receipt this Period

148.89

Receipt

Payroll Deduction: (21.27-
/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Gregory Halvacs

Mailing Address 4964 Olentangy River
River Rd

City

Delaware

State

OH

Zip Code

43015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Svp, Corporate Security

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 90320.C91312

Amount of Each Receipt this Period

500.00

Receipt

Payroll Deduction: (50.00-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

689.99

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Troy Hanson

Mailing Address 5622 Dorsey Drive

City

Columbus

State

OH

Zip Code

43235

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Dir, Mktg & Product Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

86.63

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 90320.C91264

Amount of Each Receipt this Period

21.56

Receipt

Payroll Deduction: (21.56-
/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Troy Hanson

Mailing Address 5622 Dorsey Drive

City

Columbus

State

OH

Zip Code

43235

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Dir, Mktg & Product Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

134.71

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: 90320.C91431

Amount of Each Receipt this Period

48.08

Receipt

Payroll Deduction: (24.04-
/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Troy Hanson

Mailing Address 5622 Dorsey Drive

City

Columbus

State

OH

Zip Code

43235

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Dir, Mktg & Product Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.71

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 7 / 2 0 0 9

Transaction ID: 90708.C91753

Amount of Each Receipt this Period

175.00

Receipt

Payroll Deduction: (25.00-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

244.64

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Linda Harty

Mailing Address 1761 Roxbury Rd

City

Columbus

State

OH

Zip Code

43212

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Evp & Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.60

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 90320.C91327

Amount of Each Receipt this Period

223.29

Receipt

Payroll Deduction: (74.43-
/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Linda Harty

Mailing Address 1761 Roxbury Rd

City

Columbus

State

OH

Zip Code

43212

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Evp & Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

556.52

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 7 / 2 0 0 9

Transaction ID: 90708.C91815

Amount of Each Receipt this Period

80.92

Receipt

Payroll Deduction: (80.92-
/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Linda Harty

Mailing Address 1761 Roxbury Rd

City

Columbus

State

OH

Zip Code

43212

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Evp & Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

860.40

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: 90708.C91972

Amount of Each Receipt this Period

303.88

Receipt

Payroll Deduction: (75.97-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

608.09

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Richard Heard

Mailing Address 8106 Bulrush Canyon Trail
Trail

City State Zip Code
Katy TX 77494

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation
Vp, Direct Sales Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 90320.C91271

Amount of Each Receipt this Period

250.00

Receipt

Payroll Deduction: (25.00-
/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Jeffrey Henderson

Mailing Address 347 Morgan Ln

City State Zip Code
Gahanna OH 43230

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation
Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 90320.C91253

Amount of Each Receipt this Period

200.00

Receipt

Payroll Deduction: (20.00-
/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

James Hinrichs

Mailing Address 3571 Corte Rosado

City State Zip Code
Carlsbad CA 92009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation
Svp, Finance Cts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 90320.C91254

Amount of Each Receipt this Period

200.00

Receipt

Payroll Deduction: (20.00-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

James Homan

Mailing Address 520 Eden Park Drive
Apt # 17103

City State Zip Code
Franklin TN 37067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation
Exec, Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

48.32

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 90320.C91214

Amount of Each Receipt this Period

12.07

Receipt

Payroll Deduction: (12.07-
/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

James Homan

Mailing Address 520 Eden Park Drive
Apt # 17103

City State Zip Code
Franklin TN 37067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation
Exec, Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

141.56

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: 90320.C91383

Amount of Each Receipt this Period

93.24

Receipt

Payroll Deduction: (13.32-
/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

James Homan

Mailing Address 520 Eden Park Drive
Apt # 17103

City State Zip Code
Franklin TN 37067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation
Exec, Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

177.51

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 3 / 2 0 0 9

Transaction ID: 90320.C91610

Amount of Each Receipt this Period

35.95

Receipt

Payroll Deduction: (35.95-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

141.26

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

James Homan

Mailing Address 520 Eden Park Drive
Apt # 17103

City State Zip Code
Franklin TN 37067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation
Exec, Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.65

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: 90708.C92385

Amount of Each Receipt this Period

23.14

Receipt

Payroll Deduction: (23.14-
/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Stephen Inacker

Mailing Address 1490 S Ridge Road

City State Zip Code
Lake Forest IL 60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation
President, Gm Presource Prdcts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

96.96

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 90320.C91266

Amount of Each Receipt this Period

23.29

Receipt

Payroll Deduction: (23.29-
/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Stephen Inacker

Mailing Address 1490 S Ridge Road

City State Zip Code
Lake Forest IL 60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation
President, Gm Presource Prdcts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

159.26

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: 90320.C91445

Amount of Each Receipt this Period

62.30

Receipt

Payroll Deduction: (31.15-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

108.73

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Stephen Inacker

Mailing Address 1490 S Ridge Road

City

Lake Forest

State

IL

Zip Code

60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

President, Gm Presource Prdcts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

383.82

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 7 / 2 0 0 9

Transaction ID: 90708.C91766

Amount of Each Receipt this Period

224.56

Receipt

Payroll Deduction: (32.08-
/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Brian Jackson

Mailing Address 9055 Tartan Flds Dr

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Svp, National Chain Accounts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 90320.C91227

Amount of Each Receipt this Period

160.00

Receipt

Payroll Deduction: (16.00-
/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Stephen Johnson

Mailing Address 221 W Lancaster Ave # 2012
2012

City

Fort Worth

State

TX

Zip Code

76102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Vp, Strategic Plng/execution

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

178.23

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 90320.C91281

Amount of Each Receipt this Period

92.10

Receipt

Payroll Deduction: (30.70-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

476.66

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Stephen Johnson

Mailing Address 221 W Lancaster Ave # 2012
2012

City State Zip Code
Fort Worth TX 76102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation
Vp, Strategic PIng/execution

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.69

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 7 / 2 0 0 9

Transaction ID: 90708.C91765

Amount of Each Receipt this Period

222.46

Receipt

Payroll Deduction: (31.78-
/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Michael Kaufmann

Mailing Address 7160 Temperance Point St
Point St

City State Zip Code
Westerville OH 43082

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation
Group President, Hscs Pharm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 90320.C91237

Amount of Each Receipt this Period

1923.00

Receipt

Payroll Deduction: (192.3-
0/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Michael Kennedy

Mailing Address 4783 Vista Ridge Dr

City State Zip Code
Dublin OH 43017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation
Svp, Compliance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.50

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: 90708.C92012

Amount of Each Receipt this Period

501.50

Receipt

Payroll Deduction: (100.3-
0/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

2646.96

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Margaret Lavallo

Mailing Address 9410 Culross Ct

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Svp, Hr Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 90320.C91311

Amount of Each Receipt this Period

500.00

Receipt

Payroll Deduction: (50.00-
/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Steve Lawrence

Mailing Address 4868 Carrigan Ridge

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Svp, Mrktng, Retail/alt Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 90320.C91208

Amount of Each Receipt this Period

1000.00

Receipt

Payroll Deduction: (100.0-
0/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

James Leidl

Mailing Address 95 Arboretum Dr

City

North Barrington

State

IL

Zip Code

60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Vp, Gm V Mueller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.70

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 90320.C91231

Amount of Each Receipt this Period

18.33

Receipt

Payroll Deduction: (18.33-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1518.33

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

James Leidl

Mailing Address 95 Arboretum Dr

City

North Barrington

State

IL

Zip Code

60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Vp, Gm V Mueller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

120.68

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: 90320.C91427

Amount of Each Receipt this Period

44.98

Receipt

Payroll Deduction: (22.49-
/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

James Leidl

Mailing Address 95 Arboretum Dr

City

North Barrington

State

IL

Zip Code

60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Vp, Gm V Mueller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.02

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 7 / 2 0 0 9

Transaction ID: 90708.C91749

Amount of Each Receipt this Period

165.34

Receipt

Payroll Deduction: (23.62-
/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Michael Lynch

Mailing Address 550 E Rosemary

City

Lake Forest

State

IL

Zip Code

60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Group President, Mpm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 90320.C91238

Amount of Each Receipt this Period

1923.00

Receipt

Payroll Deduction: (192.3-
0/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

2133.32

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Donna Mann

Mailing Address 6666 Mcvey Blvd

City

West Worthington

State

OH

Zip Code

43235

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Dir, Hr Service Delivery

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

83.60

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 90320.C91235

Amount of Each Receipt this Period

19.97

Receipt

Payroll Deduction: (19.97-
/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Donna Mann

Mailing Address 6666 Mcvey Blvd

City

West Worthington

State

OH

Zip Code

43235

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Dir, Hr Service Delivery

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

132.90

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: 90320.C91432

Amount of Each Receipt this Period

49.30

Receipt

Payroll Deduction: (24.65-
/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Donna Mann

Mailing Address 6666 Mcvey Blvd

City

West Worthington

State

OH

Zip Code

43235

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Dir, Hr Service Delivery

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

313.43

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 7 / 2 0 0 9

Transaction ID: 90708.C91758

Amount of Each Receipt this Period

180.53

Receipt

Payroll Deduction: (25.79-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

249.80

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Jessica Mayer

Mailing Address 4852 Carrigan Ridge

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Vp, Bus Mgmt (atty)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 3 / 2 0 0 9

Transaction ID: 90320.C91601

Amount of Each Receipt this Period

240.00

Receipt

Payroll Deduction: (30.00-
/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Janice Mccampbell

Mailing Address 8001 Millenium Dr

City

Raleigh

State

NC

Zip Code

27614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Vp, Engineering Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

123.02

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 90320.C91280

Amount of Each Receipt this Period

30.49

Receipt

Payroll Deduction: (30.49-
/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Janice Mccampbell

Mailing Address 8001 Millenium Dr

City

Raleigh

State

NC

Zip Code

27614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Vp, Engineering Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

194.10

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: 90320.C91450

Amount of Each Receipt this Period

71.08

Receipt

Payroll Deduction: (35.54-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

341.57

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Janice Mccampbell

Mailing Address 8001 Millenium Dr

City

Raleigh

State

NC

Zip Code

27614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Vp, Engineering Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

452.05

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 7 / 2 0 0 9

Transaction ID: 90708.C91771

Amount of Each Receipt this Period

257.95

Receipt

Payroll Deduction: (36.85-
/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Lindy Mclean

Mailing Address 7272 Black Abbey Ct

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Sr Cnslt, Account

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

118.96

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 90320.C91277

Amount of Each Receipt this Period

29.37

Receipt

Payroll Deduction: (29.37-
/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Lindy Mclean

Mailing Address 7272 Black Abbey Ct

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Sr Cnslt, Account

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

185.10

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: 90320.C91447

Amount of Each Receipt this Period

66.14

Receipt

Payroll Deduction: (33.07-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

353.46

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Lindy Mclean

Mailing Address 7272 Black Abbey Ct

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Sr Cnslt, Account

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

424.64

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 7 / 2 0 0 9

Transaction ID: 90708.C91767

Amount of Each Receipt this Period

239.54

Receipt

Payroll Deduction: (34.22-
/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Steven Merkin

Mailing Address 1481 Country Ln

City

Deerfield

State

IL

Zip Code

60015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Svp, Hr Business Partner Mpm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 90320.C91294

Amount of Each Receipt this Period

400.00

Receipt

Payroll Deduction: (40.00-
/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Craig Morford

Mailing Address 5565 Lake Shore Ave,

City

Westerville

State

OH

Zip Code

43082

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Chief Compliance Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 7 / 2 0 0 9

Transaction ID: 90708.C92193

Amount of Each Receipt this Period

769.20

Receipt

Payroll Deduction: (192.3-
0/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1408.74

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Marc Mullen

Mailing Address 1650 Sherborne Lane

City

Powell

State

OH

Zip Code

43065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

SVP, Sales & Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 90320.C91316

Amount of Each Receipt this Period

500.00

Receipt

Payroll Deduction: (50.00-
/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Frederick Nelson

Mailing Address 7303 Deacon Court

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Vp, Op Excellence - Bb Prgm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

155.23

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 90320.C91285

Amount of Each Receipt this Period

38.60

Receipt

Payroll Deduction: (38.60-
/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Frederick Nelson

Mailing Address 7303 Deacon Court

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Vp, Op Excellence - Bb Prgm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.85

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: 90320.C91452

Amount of Each Receipt this Period

79.62

Receipt

Payroll Deduction: (39.81-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

618.22

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Frederick Nelson

Mailing Address 7303 Deacon Court

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Vp, Op Excellence - Bb Prgm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.05

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 7 / 2 0 0 9

Transaction ID: 90708.C91782

Amount of Each Receipt this Period

284.20

Receipt

Payroll Deduction: (40.60-
/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

James Nuckols

Mailing Address 1740 Dylan Way

City

Encinitas

State

CA

Zip Code

92024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Svp, Software Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 90320.C91263

Amount of Each Receipt this Period

200.00

Receipt

Payroll Deduction: (20.00-
/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mark Overman

Mailing Address 900 Wyndham Hill Ct

City

Southlake

State

TX

Zip Code

76092

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Vp, Account

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

64.50

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 90320.C91226

Amount of Each Receipt this Period

15.86

Receipt

Payroll Deduction: (15.86-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

500.06

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Mark Overman

Mailing Address 900 Wyndham Hill Ct

City

Southlake

State

TX

Zip Code

76092

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Vp, Account

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

99.54

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: 90320.C91393

Amount of Each Receipt this Period

35.04

Receipt

Payroll Deduction: (17.52-
/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mark Overman

Mailing Address 900 Wyndham Hill Ct

City

Southlake

State

TX

Zip Code

76092

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Vp, Account

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.45

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 7 / 2 0 0 9

Transaction ID: 90708.C91712

Amount of Each Receipt this Period

126.91

Receipt

Payroll Deduction: (18.13-
/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Thomas Perrine

Mailing Address 7249 Landon Lane

City

New Albany

State

OH

Zip Code

43054

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Svp, It Business Partners

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 90320.C91313

Amount of Each Receipt this Period

500.00

Receipt

Payroll Deduction: (50.00-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

661.95

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 81

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Vicki Perryman

Mailing Address 2000 Loch Lomond Drive

City	State	Zip Code
Powell	OH	43065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, IncOccupation
Svp, Customer Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	3	/	2	0	0	9

Transaction ID: 90320.C91258

Amount of Each Receipt this Period

200.00

Receipt

Payroll Deduction: (20.00-
/Bi-Weekly)**B.**

Full Name (Last, First, Middle Initial)

George Plava

Mailing Address 3526 Pembroke Dr

City	State	Zip Code
Richmond	TX	77469

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, IncOccupation
Vp, Sourcing Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

190.42

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	3	/	2	0	0	9

Transaction ID: 90320.C91295

Amount of Each Receipt this Period

45.78

Receipt

Payroll Deduction: (45.78-
/Bi-Weekly)**C.**

Full Name (Last, First, Middle Initial)

George Plava

Mailing Address 3526 Pembroke Dr

City	State	Zip Code
Richmond	TX	77469

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, IncOccupation
Vp, Sourcing Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.96

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	7	/	2	0	0	9

Transaction ID: 90320.C91492

Amount of Each Receipt this Period

135.54

Receipt

Payroll Deduction: (67.77-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

381.32

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

George Plava

Mailing Address 3526 Pembroke Dr

City

Richmond

State

TX

Zip Code

77469

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Vp, Sourcing Mgmt

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

810.57

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 7 / 2 0 0 9

Transaction ID: 90708.C91813

Amount of Each Receipt this Period

484.61

Receipt

Payroll Deduction: (69.23-
/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Kathy Popejoy

Mailing Address 11127 W 59th Ave

City

Arvada

State

CO

Zip Code

80004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Dir, Operations Mgmt

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

79.74

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 90320.C91234

Amount of Each Receipt this Period

19.83

Receipt

Payroll Deduction: (19.83-
/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Kathy Popejoy

Mailing Address 11127 W 59th Ave

City

Arvada

State

CO

Zip Code

80004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Dir, Operations Mgmt

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

125.56

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: 90320.C91429

Amount of Each Receipt this Period

45.82

Receipt

Payroll Deduction: (22.91-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

550.26

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Kathy Popejoy

Mailing Address 11127 W 59th Ave

City

Arvada

State

CO

Zip Code

80004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Dir, Operations Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.88

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 7 / 2 0 0 9

Transaction ID: 90708.C91750

Amount of Each Receipt this Period

166.32

Receipt

Payroll Deduction: (23.76-
/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

William Rampy

Mailing Address 103 Foxglove Ln

City

Bentonville

State

AR

Zip Code

72712

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Vp, Pharmacy Operations Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

198.05

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 90320.C91318

Amount of Each Receipt this Period

50.42

Receipt

Payroll Deduction: (50.42-
/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

William Rampy

Mailing Address 103 Foxglove Ln

City

Bentonville

State

AR

Zip Code

72712

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Vp, Pharmacy Operations Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.03

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: 90320.C91484

Amount of Each Receipt this Period

107.98

Receipt

Payroll Deduction: (53.99-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

324.72

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

William Rampy

Mailing Address 103 Foxglove Ln

City

Bentonville

State

AR

Zip Code

72712

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Vp, Pharmacy Operations Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

699.08

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 7 / 2 0 0 9

Transaction ID: 90708.C91805

Amount of Each Receipt this Period

393.05

Receipt

Payroll Deduction: (56.15-
/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Robert Randlek

Mailing Address 2711 Pebble Stone

City

Grapevine

State

TX

Zip Code

76051

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Svp, Whse/dist South Region

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 90320.C91262

Amount of Each Receipt this Period

200.00

Receipt

Payroll Deduction: (20.00-
/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Stephen Reardon

Mailing Address 9098 Mediterra Place

City

Dublin

State

OH

Zip Code

43016

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Vp, Qra Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 90320.C91252

Amount of Each Receipt this Period

200.00

Receipt

Payroll Deduction: (20.00-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

793.05

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Cynthia Rhomberg

Mailing Address 9379 Redan Court

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Vp, Marketing Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 90320.C91257

Amount of Each Receipt this Period

200.00

Receipt

Payroll Deduction: (20.00-
/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mark Rosenbaum

Mailing Address 6565 Lockhart Lane

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

President, Ips Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 90320.C91242

Amount of Each Receipt this Period

1923.00

Receipt

Payroll Deduction: (192.3-
0/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

David Schlotterbeck

Mailing Address 12 Hermitage Lane

City

Laguna Niguel

State

CA

Zip Code

92677

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Vice Chairman & Ceo, Cmp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 90320.C91239

Amount of Each Receipt this Period

1923.00

Receipt

Payroll Deduction: (192.3-
0/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

4046.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Michael Scrase

Mailing Address 8358 Davington

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation
Vp, It Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

106.51

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 90320.C91273

Amount of Each Receipt this Period

25.64

Receipt

Payroll Deduction: (25.64-
/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Michael Scrase

Mailing Address 8358 Davington

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation
Vp, It Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

166.89

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: 90320.C91443

Amount of Each Receipt this Period

60.38

Receipt

Payroll Deduction: (30.19-
/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Michael Scrase

Mailing Address 8358 Davington

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation
Vp, It Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.09

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 7 / 2 0 0 9

Transaction ID: 90708.C91764

Amount of Each Receipt this Period

62.20

Receipt

Payroll Deduction: (31.10-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

148.22

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Frank Segrave

Mailing Address 5371 Gordon Way

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

President, Generics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.50

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 90320.C91284

Amount of Each Receipt this Period

385.00

Receipt

Payroll Deduction: (38.50-
/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Steven Seide

Mailing Address 30 Nutmeg Ln

City

North Andover

State

MA

Zip Code

01845

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Vp, Territory Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

58.12

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 90320.C91220

Amount of Each Receipt this Period

14.15

Receipt

Payroll Deduction: (14.15-
/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Steven Seide

Mailing Address 30 Nutmeg Ln

City

North Andover

State

MA

Zip Code

01845

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Vp, Territory Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.80

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: 90320.C91395

Amount of Each Receipt this Period

166.68

Receipt

Payroll Deduction: (18.52-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

565.83

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Kendell Sherrer

Mailing Address 7720 Heatherwood Ln

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Vp, Hr Business Partners

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

68.03

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 90320.C91228

Amount of Each Receipt this Period

16.84

Receipt

Payroll Deduction: (16.84-
/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Kendell Sherrer

Mailing Address 7720 Heatherwood Ln

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Vp, Hr Business Partners

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.02

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: 90320.C91424

Amount of Each Receipt this Period

180.99

Receipt

Payroll Deduction: (20.11-
/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Jesse Sims

Mailing Address 11014 Black Falls Ct

City

Sugar Land

State

TX

Zip Code

77478

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Mgr, Infrastructure Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 90320.C91314

Amount of Each Receipt this Period

500.00

Receipt

Payroll Deduction: (50.00-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

697.83

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 81

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Joan Stafslie

Mailing Address 3140 Dusty Trail

City

Olivenhain

State

CA

Zip Code

92024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Evp, General Counsel Hscs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	3	/	2	0	0	9

Transaction ID: 90320.C91270

Amount of Each Receipt this Period

250.00

Receipt

Payroll Deduction: (25.00-
/Bi-Weekly)**B.**

Full Name (Last, First, Middle Initial)

Mark Stauffer

Mailing Address 2275 La Amatista Road

City

Del Mar

State

CA

Zip Code

92014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Svp, Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.83

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	3	/	2	0	0	9

Transaction ID: 90320.C91320

Amount of Each Receipt this Period

53.15

Receipt

Payroll Deduction: (53.15-
/Bi-Weekly)**C.**

Full Name (Last, First, Middle Initial)

Mark Stauffer

Mailing Address 2275 La Amatista Road

City

Del Mar

State

CA

Zip Code

92014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Svp, Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

353.81

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	7	/	2	0	0	9

Transaction ID: 90320.C91487

Amount of Each Receipt this Period

119.98

Receipt

Payroll Deduction: (59.99-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

423.13

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 81

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Mark Stauffer

Mailing Address 2275 La Amatista Road

City

Del Mar

State

CA

Zip Code

92014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Svp, Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

786.34

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	7	/	2	0	0	9

Transaction ID: 90708.C91812

Amount of Each Receipt this Period

432.53

Receipt

Payroll Deduction: (61.79-
/Bi-Weekly)**B.**

Full Name (Last, First, Middle Initial)

Greg Storm

Mailing Address 7703 E 85th St

City

Tulsa

State

OK

Zip Code

74133

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Exec, Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

89.05

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	3	/	2	0	0	9

Transaction ID: 90320.C91218

Amount of Each Receipt this Period

13.54

Receipt

Payroll Deduction: (13.54-
/Bi-Weekly)**C.**

Full Name (Last, First, Middle Initial)

Greg Storm

Mailing Address 7703 E 85th St

City

Tulsa

State

OK

Zip Code

74133

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Exec, Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

108.20

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	7	/	2	0	0	9

Transaction ID: 90320.C91396

Amount of Each Receipt this Period

19.15

Receipt

Payroll Deduction: (19.15-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

465.22

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)
Greg Storm

Mailing Address 7703 E 85th St

City State Zip Code
Tulsa OK 74133

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation
Exec, Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

167.44

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 3 / 2 0 0 9

Transaction ID: 90320.C91544

Amount of Each Receipt this Period

59.24

Receipt

Payroll Deduction: (14.81-
/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Greg Storm

Mailing Address 7703 E 85th St

City State Zip Code
Tulsa OK 74133

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation
Exec, Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

187.14

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 7 / 2 0 0 9

Transaction ID: 90708.C91715

Amount of Each Receipt this Period

19.70

Receipt

Payroll Deduction: (19.70-
/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Greg Storm

Mailing Address 7703 E 85th St

City State Zip Code
Tulsa OK 74133

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation
Exec, Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.32

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: 90708.C92050

Amount of Each Receipt this Period

40.18

Receipt

Payroll Deduction: (20.09-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

119.12

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)
Greg Storm

Mailing Address 7703 E 85th St

City State Zip Code
Tulsa OK 74133

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation
Exec, Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.88

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 5 / 2 0 0 9

Transaction ID: 90708.C92566

Amount of Each Receipt this Period

39.56

Receipt

Payroll Deduction: (39.56-
/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Robert Summers

Mailing Address 146 Chasely Circle

City State Zip Code
Powell OH 43065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation
Vp, Marketing Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

108.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 90320.C91274

Amount of Each Receipt this Period

26.41

Receipt

Payroll Deduction: (26.41-
/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Robert Summers

Mailing Address 146 Chasely Circle

City State Zip Code
Powell OH 43065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation
Vp, Marketing Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

166.66

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: 90320.C91440

Amount of Each Receipt this Period

58.66

Receipt

Payroll Deduction: (29.33-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

124.63

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Robert Summers

Mailing Address 146 Chasely Circle

City

Powell

State

OH

Zip Code

43065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Vp, Marketing Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

379.11

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 7 / 2 0 0 9

Transaction ID: 90708.C91763

Amount of Each Receipt this Period

212.45

Receipt

Payroll Deduction: (30.35-
/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mary Jane Tew

Mailing Address 6315 Duffy Rd

City

Delaware

State

OH

Zip Code

43015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Vp, Customer Service Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 90320.C91272

Amount of Each Receipt this Period

250.00

Receipt

Payroll Deduction: (25.00-
/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Carole Watkins

Mailing Address 1967 Woodlands Place

City

Powell

State

OH

Zip Code

43065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Chief Human Resource Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 90320.C91241

Amount of Each Receipt this Period

1923.00

Receipt

Payroll Deduction: (192.3-
0/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

2385.45

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Dwight Winstead

Mailing Address 2540 Presidio Dr

City

San Diego

State

CA

Zip Code

92103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Coo, Clinical & Med Products

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 90320.C91243

Amount of Each Receipt this Period

1923.00

Receipt

Payroll Deduction: (192.3-
0/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Deborah Wolin

Mailing Address 44 Lake Mist Drive

City

Sugar Land

State

TX

Zip Code

77479

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Vp, Asc Gen Csl, Comm/trans

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 90320.C91255

Amount of Each Receipt this Period

180.00

Receipt

Payroll Deduction: (20.00-
/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Anthony Woo

Mailing Address 6151 Haddo Way

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Svp, Corp Devel, Fin Anl/val

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 90320.C91260

Amount of Each Receipt this Period

200.00

Receipt

Payroll Deduction: (20.00-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

2303.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Connie Woodburn

Mailing Address 9761 Erin Woods Dr

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Svp, Prof & Govt Relations

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

578.58

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 90320.C91334

Amount of Each Receipt this Period

284.49

Receipt

Payroll Deduction: (94.83-
/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Connie Woodburn

Mailing Address 9761 Erin Woods Dr

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Svp, Prof & Govt Relations

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1263.53

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 7 / 2 0 0 9

Transaction ID: 90708.C91817

Amount of Each Receipt this Period

684.95

Receipt

Payroll Deduction: (97.85-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

969.44

TOTAL This Period (last page this line number only)

48236.92

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 81

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Voinovich for Senate

Mailing Address 900 19th St NW FI 8

City

Washington

State

DC

Zip Code

20006-2105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 4 / 2 0 0 9

Transaction ID: 90708.C91659

Amount of Each Receipt this Period

5000.00

Refund of Contribution Made

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

5000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 81

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Comerica Bank

Mailing Address P.O. Box 75000
MC 2250

City State Zip Code
Detroit MI 48275-2250

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Bank

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.88

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 2 / 2 0 0 9

Transaction ID: 90212.C91175

Amount of Each Receipt this Period

82.68

Interest Received

B.

Full Name (Last, First, Middle Initial)

Comerica Bank

Mailing Address P.O. Box 75000
MC 2250

City State Zip Code
Detroit MI 48275-2250

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Bank

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

267.73

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 2 / 2 0 0 9

Transaction ID: 90320.C91497

Amount of Each Receipt this Period

32.85

Interest Received

C.

Full Name (Last, First, Middle Initial)

Comerica Bank

Mailing Address P.O. Box 75000
MC 2250

City State Zip Code
Detroit MI 48275-2250

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Bank

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.23

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 9

Transaction ID: 90708.C91818

Amount of Each Receipt this Period

19.50

Interest Received

SUBTOTAL of Receipts This Page (optional)

135.03

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 81

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Comerica Bank

Mailing Address P.O. Box 75000
MC 2250

City State Zip Code
Detroit MI 48275-2250

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Bank

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.68

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 1 / 2 0 0 9

Transaction ID: 90708.C92136

Amount of Each Receipt this Period

13.45

Interest Received

B.

Full Name (Last, First, Middle Initial)

Comerica Bank

Mailing Address P.O. Box 75000
MC 2250

City State Zip Code
Detroit MI 48275-2250

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Bank

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

331.58

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 1 / 2 0 0 9

Transaction ID: 90708.C92455

Amount of Each Receipt this Period

30.90

Interest Received

SUBTOTAL of Receipts This Page (optional)

44.35

TOTAL This Period (last page this line number only)

179.38

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

ERIC PAC

Mailing Address 209 Pennsylvania Avenue, SE

City Washington State DC Zip Code 20003-

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name
EVERY REPUBLICAN IS CRUCIAL (ERICPAC)

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2009 ☐ Primary ☐ General
☒ Other (specify) ▼

State: District: ANNUAL/OTHER

Transaction ID: 90708.E1208

Date of Disbursement

05 / 26 / 2009

Amount of Each Disbursement this Period

1000.00

DIRECT CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

The Fund for the Majority

Mailing Address Attn: Tonya fulkerson
426 C. Street, NE

City Washington State DC Zip Code 20002-

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2009 ☐ Primary ☐ General
☒ Other (specify) ▼

State: District: ANNUAL/OTHER

Transaction ID: 90320.E1166

Date of Disbursement

03 / 10 / 2009

Amount of Each Disbursement this Period

2000.00

DIRECT CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

Continuing A Majority PAC

Mailing Address 5915 Eastman Ave Ste 100

City Midland State MI Zip Code 48640-6824

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name
CONTINUING A MAJORITY PARTY ACTION COMMITTEE (CAMP-AC)

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2009 ☐ Primary ☐ General
☒ Other (specify) ▼

State: District: ANNUAL/OTHER

Transaction ID: 90320.E1167

Date of Disbursement

03 / 10 / 2009

Amount of Each Disbursement this Period

2500.00

DIRECT CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A. Full Name (Last, First, Middle Initial) The Freedom Project	Transaction ID: 90708.E1222 Date of Disbursement
Mailing Address 631 Pennsylvania Ave SE # B	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 4 / 2 0 0 9</div> </div>
City Washington State DC Zip Code 20003-4303	Amount of Each Disbursement this Period
Purpose of Disbursement DIRECT CONTRIBUTION	<div>2500.00</div>
Candidate Name FREEDOM PROJECT; THE	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER	DIRECT CONTRIBUTION
B. Full Name (Last, First, Middle Initial) Steve Austria for Congress	Transaction ID: 90320.E1180 Date of Disbursement
Mailing Address 217 3rd St SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 8 / 2 0 0 9</div> </div>
City Washington State DC Zip Code 20003-1904	Amount of Each Disbursement this Period
Purpose of Disbursement DIRECT CONTRIBUTION	<div>2000.00</div>
Candidate Name STEVE C AUSTRIA	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 07 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DIRECT CONTRIBUTION
C. Full Name (Last, First, Middle Initial) Friends of Max Baucus	Transaction ID: 90320.E1157 Date of Disbursement
Mailing Address PO Box 586	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 9 / 2 0 0 9</div> </div>
City Helena State MT Zip Code 59624-0586	Amount of Each Disbursement this Period
Purpose of Disbursement DIRECT CONTRIBUTION	<div>1000.00</div>
Candidate Name MAX BAUCUS	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 00 Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DIRECT CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A. Full Name (Last, First, Middle Initial) Melissa Bean for Congress Mailing Address PO Box 3068	Transaction ID: 90320.E1184 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 0 / 2 0 0 9</div> </div>
City State Zip Code Barrington IL 60011-3068 Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name MELISSA LUBURICH BEAN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 08	Amount of Each Disbursement this Period <div>2000.00</div> DIRECT CONTRIBUTION
B. Full Name (Last, First, Middle Initial) Bilbray for Congress Mailing Address 18144 Via De Fortuna City State Zip Code Rancho Santa Fe CA 92067- Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name BRIAN P BILBRAY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 50	Transaction ID: 90708.E1216 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 6 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>1000.00</div> DIRECT CONTRIBUTION
C. Full Name (Last, First, Middle Initial) Friends of Sherrod Brown Mailing Address 2280 Kresge Dr City State Zip Code Vermilion OH 44001-1260 Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name SHERROD BROWN Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 00	Transaction ID: 90708.E1206 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 9 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>2500.00</div> DIRECT CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A. Full Name (Last, First, Middle Initial) Michael Burgess for Congress	Transaction ID: 90708.E1198 Date of Disbursement
Mailing Address 217 E 3rd St	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 3 0 / 2 0 0 9</div> </div>
City State Zip Code Denton TX 76201-3175	Amount of Each Disbursement this Period
Purpose of Disbursement DIRECT CONTRIBUTION	<div>2000.00</div>
Candidate Name MICHAEL C. BURGESS	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 26	DIRECT CONTRIBUTION
B. Full Name (Last, First, Middle Initial) The Richard Burr Committee	Transaction ID: 90320.E1159 Date of Disbursement
Mailing Address PO Box 5928	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 4 / 2 0 0 9</div> </div>
City State Zip Code Winston Salem NC 27113-5928	Amount of Each Disbursement this Period
Purpose of Disbursement DIRECT CONTRIBUTION	<div>2000.00</div>
Candidate Name RICHARD M BURR	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 00	DIRECT CONTRIBUTION
C. Full Name (Last, First, Middle Initial) The Richard Burr Committee	Transaction ID: 90320.E1158 Date of Disbursement
Mailing Address PO Box 5928	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 4 / 2 0 0 9</div> </div>
City State Zip Code Winston Salem NC 27113-5928	Amount of Each Disbursement this Period
Purpose of Disbursement DIRECT CONTRIBUTION	<div>500.00</div>
Candidate Name RICHARD M BURR	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 00	DIRECT CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A. Full Name (Last, First, Middle Initial) Friends of Lois Capps Mailing Address 38 Ivy Street, SE	Transaction ID: 90708.E1201 Date of Disbursement <div> <div>05</div> <div>08</div> <div>2009</div> </div>
City Washington State DC Zip Code 20003- Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name LOIS G CAPPs Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 23	Amount of Each Disbursement this Period <div>2000.00</div> DIRECT CONTRIBUTION
B. Full Name (Last, First, Middle Initial) Diana DeGette for Congress Mailing Address PO Box 61337 City Denver State CO Zip Code 80206-8337 Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name DIANA L. DEGETTE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CO District: 01	Transaction ID: 90708.E1190 Date of Disbursement <div> <div>04</div> <div>08</div> <div>2009</div> </div> Amount of Each Disbursement this Period <div>1500.00</div> DIRECT CONTRIBUTION
C. Full Name (Last, First, Middle Initial) John D. Dingell for Congress Mailing Address 607 14th St NW Ste 800 City Washington State DC Zip Code 20005-2005 Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name JOHN D. DINGELL Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 15	Transaction ID: 90320.E1160 Date of Disbursement <div> <div>02</div> <div>24</div> <div>2009</div> </div> Amount of Each Disbursement this Period <div>1000.00</div> DIRECT CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A. Full Name (Last, First, Middle Initial) Grassley Committee	Transaction ID: 90708.E1215 Date of Disbursement
Mailing Address 521 E Locust St Fl 2	<div> <div>06</div> <div>10</div> <div>2009</div> </div>
City Des Moines State IA Zip Code 50309-1943	Amount of Each Disbursement this Period
Purpose of Disbursement DIRECT CONTRIBUTION	<div>2000.00</div>
Candidate Name CHARLES E GRASSLEY	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
DIRECT CONTRIBUTION	
B. Full Name (Last, First, Middle Initial) Hatch Election Committee	Transaction ID: 90708.E1210 Date of Disbursement
Mailing Address PO Box 1480	<div> <div>06</div> <div>03</div> <div>2009</div> </div>
City Washington State DC Zip Code 20013-1480	Amount of Each Disbursement this Period
Purpose of Disbursement DIRECT CONTRIBUTION	<div>1000.00</div>
Candidate Name ORRIN G HATCH	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 00	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
DIRECT CONTRIBUTION	
C. Full Name (Last, First, Middle Initial) Jim Jordan for Congress	Transaction ID: 90708.E1217 Date of Disbursement
Mailing Address 1709 S State Route 560	<div> <div>06</div> <div>16</div> <div>2009</div> </div>
City Urbana State OH Zip Code 43078-9637	Amount of Each Disbursement this Period
Purpose of Disbursement DIRECT CONTRIBUTION	<div>2000.00</div>
Candidate Name JAMES D JORDAN	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
DIRECT CONTRIBUTION	

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Kilroy for Congress

Mailing Address PO Box 2582

City
ColumbusState
OHZip Code
43216-2582Purpose of Disbursement
DIRECT CONTRIBUTIONCandidate Name
MARY JO KILROYCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 15

Transaction ID: 90708.E1186

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	4	/	2	0	0	9

Amount of Each Disbursement this Period

2500.00

DIRECT CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

Kilroy for Congress

Mailing Address PO Box 2582

City
ColumbusState
OHZip Code
43216-2582Purpose of Disbursement
DIRECT CONTRIBUTIONCandidate Name
MARY JO KILROYCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 15

Transaction ID: 90708.E1214

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	1	/	2	0	0	9

Amount of Each Disbursement this Period

2500.00

DIRECT CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

Kirk for Congress

Mailing Address PO Box 8

City
WinnetkaState
ILZip Code
60093-0008Purpose of Disbursement
DIRECT CONTRIBUTIONCandidate Name
MARK STEVEN KIRKCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 10

Transaction ID: 90320.E1156

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	9	/	2	0	0	9

Amount of Each Disbursement this Period

2000.00

DIRECT CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A. Full Name (Last, First, Middle Initial) Friends of Blanche Lincoln	Transaction ID: 90320.E1163 Date of Disbursement
Mailing Address 303 Massachusetts Ave NE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 6 / 2 0 0 9</div> </div>
City Washington State DC Zip Code 20002-5701	Amount of Each Disbursement this Period
Purpose of Disbursement DIRECT CONTRIBUTION	<div> <div></div> <div>2000.00</div> </div>
Candidate Name BLANCHE LAMBERT LINCOLN	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AR District: 00	DIRECT CONTRIBUTION
B. Full Name (Last, First, Middle Initial) Sue Myrick for Congress	Transaction ID: 90320.E1185 Date of Disbursement
Mailing Address 2501 Wisconsin Avenue Suite 304	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 0 / 2 0 0 9</div> </div>
City Washington State DC Zip Code 20007-	Amount of Each Disbursement this Period
Purpose of Disbursement DIRECT CONTRIBUTION	<div> <div></div> <div>1000.00</div> </div>
Candidate Name SUE MYRICK	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 09	DIRECT CONTRIBUTION
C. Full Name (Last, First, Middle Initial) Portman for Senate Committee	Transaction ID: 90708.E1223 Date of Disbursement
Mailing Address 211 S 5th St	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 6 / 2 0 0 9</div> </div>
City Columbus State OH Zip Code 43215-5203	Amount of Each Disbursement this Period
Purpose of Disbursement DIRECT CONTRIBUTION	<div> <div></div> <div>1000.00</div> </div>
Candidate Name ROB PORTMAN	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 00	DIRECT CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Tim Ryan for Congress

Mailing Address 1600 Roosevelt Ave Ste 804

City
Niles

State
OH

Zip Code
44446-4108

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name
TIMOTHY J. RYAN

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 17

Transaction ID: 90708.E1218

Date of Disbursement

/ /

Amount of Each Disbursement this Period

DIRECT CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

Tiberi for Congress

Mailing Address 217 3rd St SE

City
Washington

State
DC

Zip Code
20003-1904

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name
PATRICK J TIBERI

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 12

Transaction ID: 90708.E1191

Date of Disbursement

/ /

Amount of Each Disbursement this Period

DIRECT CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Citizens for Kevin Bacon

Mailing Address 5325 Ponderosa Dr

City
ColumbusState
OHZip Code
43231-4033Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 90708.E1193

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	0	9

Amount of Each Disbursement this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Citizens for Kevin Bacon

Mailing Address 5325 Ponderosa Dr

City
ColumbusState
OHZip Code
43231-4033Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 90708.E1209

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	0	9

Amount of Each Disbursement this Period

800.00

C.

Full Name (Last, First, Middle Initial)

Friends of Armond Budish

Mailing Address 23240 Chagrin Blvd Bldg 4

City
BeachwoodState
OHZip Code
44122-5404Purpose of Disbursement
VOIDED CHECK

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 90320.E1179

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	6		2	0	0	9

Amount of Each Disbursement this Period

-350.00

SUBTOTAL of Disbursements This Page (optional)

650.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 69 / 81

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A. Full Name (Last, First, Middle Initial) Friends of Armond Budish	Transaction ID: 90320.E1178 Date of Disbursement																				
Mailing Address 23240 Chagrin Blvd Bldg 4	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	6		2	0	0	9												
City Beachwood State OH Zip Code 44122-5404	Amount of Each Disbursement this Period																				
Purpose of Disbursement DIRECT CONTRIBUTION	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Friends of Armond Budish	Transaction ID: 90320.E1172 Date of Disbursement																				
Mailing Address 23240 Chagrin Blvd Bldg 4	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	2		2	0	0	9												
City Beachwood State OH Zip Code 44122-5404	Amount of Each Disbursement this Period																				
Purpose of Disbursement DIRECT CONTRIBUTION	<table border="1"> <tr> <td colspan="10">350.00</td> </tr> </table>	350.00																			
350.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Citizens for Buehrer	Transaction ID: 90320.E1170 Date of Disbursement																				
Mailing Address 704 Greeniew Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	2		2	0	0	9												
City Delta State OH Zip Code 43515-	Amount of Each Disbursement this Period																				
Purpose of Disbursement DIRECT CONTRIBUTION	<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

5850.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Citizens for Buehrer

Mailing Address 704 Greeniew Drive

City State Zip Code
Delta OH 43515-

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 90708.E1220

Date of Disbursement

06 / 19 / 2009

Amount of Each Disbursement this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Team Burke

Mailing Address 275 W 4th St

City State Zip Code
Marysville OH 43040-1127

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 90320.E1169

Date of Disbursement

03 / 12 / 2009

Amount of Each Disbursement this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Friends of Senator Cafaro

Mailing Address 600 Warner Rd

City State Zip Code
Hubbard OH 44425-2729

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 90708.E1196

Date of Disbursement

04 / 27 / 2009

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A. Full Name (Last, First, Middle Initial) Citizens for Carey	Transaction ID: 90320.E1161 Date of Disbursement
Mailing Address 401 S. Arkansas Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 4 / 2 0 0 9</div> </div>
City Wellston State OH Zip Code 45692-	Amount of Each Disbursement this Period
Purpose of Disbursement DIRECT CONTRIBUTION	<div> <div></div> <div>2500.00</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Citizens to Elect John Patrick Carney	Transaction ID: 90320.E1183 Date of Disbursement
Mailing Address 357 E Torrence Rd	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 8 / 2 0 0 9</div> </div>
City Columbus State OH Zip Code 43214-3837	Amount of Each Disbursement this Period
Purpose of Disbursement DIRECT CONTRIBUTION	<div> <div></div> <div>2500.00</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Citizens with Celeste	Transaction ID: 90708.E1189 Date of Disbursement
Mailing Address 1632 West First Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 8 / 2 0 0 9</div> </div>
City Columbus State OH Zip Code 43212-	Amount of Each Disbursement this Period
Purpose of Disbursement DIRECT CONTRIBUTION	<div> <div></div> <div>350.00</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

5350.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Coughlin for OH

Mailing Address 2324 Iota Avenue

City
Cuyahoga Falls

State
OH

Zip Code
44223-

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 90708.E1203

Date of Disbursement

/ /

Amount of Each Disbursement this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Friends of Matthew J. Dolan

Mailing Address 100 7th Ave. Box 12

City
Chardon

State
OH

Zip Code
44024-7804

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 90320.E1168

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Friends of Faber

Mailing Address 7706 State Route 703

City
Celina

State
OH

Zip Code
45822-2923

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 90320.E1165

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 73 / 81

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Friends of Faber

Mailing Address 7706 State Route 703

City State Zip Code
Celina OH 45822-2923

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2012 ☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 90708.E1212

Date of Disbursement

06 / 05 / 2009

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Citizens for Garland

Mailing Address 4983 Mead Way Dr

City State Zip Code
New Albany OH 43054-9697

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 90320.E1182

Date of Disbursement

03 / 18 / 2009

Amount of Each Disbursement this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Karen Gillmor for Ohio

Mailing Address PO Box 278

City State Zip Code
Tiffin OH 44883-0278

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2012 ☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 90708.E1192

Date of Disbursement

04 / 23 / 2009

Amount of Each Disbursement this Period

350.00

SUBTOTAL of Disbursements This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Committee to Elect David Goodman

Mailing Address 1908 Cedar Willow Dr

City
Columbus

State
OH

Zip Code
43229-3614

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 90708.E1202

Date of Disbursement

/ /

Amount of Each Disbursement this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Friends of Jay Goyal

Mailing Address 2584 Wahl Dr

City
Mansfield

State
OH

Zip Code
44904-1544

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 90708.E1188

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Friends of Jay Goyal

Mailing Address 2584 Wahl Dr

City
Mansfield

State
OH

Zip Code
44904-1544

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 90708.E1219

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 75 / 81

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A. Full Name (Last, First, Middle Initial) Citizens for Cheryl Grossman	Transaction ID: 90708.E1221 Date of Disbursement																				
Mailing Address 865 Macon Aly	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	9		2	0	0	9												
City Columbus State OH Zip Code 43206-2652	Amount of Each Disbursement this Period																				
Purpose of Disbursement DIRECT CONTRIBUTION	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>150.00</td> </tr> </table>																				150.00
									150.00												
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Citizens for Cheryl Grossman	Transaction ID: 90320.E1162 Date of Disbursement																				
Mailing Address 865 Macon Aly	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	4		2	0	0	9												
City Columbus State OH Zip Code 43206-2652	Amount of Each Disbursement this Period																				
Purpose of Disbursement DIRECT CONTRIBUTION	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>200.00</td> </tr> </table>																				200.00
									200.00												
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Committee to Elect Bill Harris	Transaction ID: 90708.E1200 Date of Disbursement																				
Mailing Address 1238 Township Road #1506	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	8		2	0	0	9												
City Ashland State OH Zip Code 44805-	Amount of Each Disbursement this Period																				
Purpose of Disbursement DIRECT CONTRIBUTION	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>1000.00</td> </tr> </table>																				1000.00
									1000.00												
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A. Full Name (Last, First, Middle Initial) Friends of Marian Harris Mailing Address 5145 Holbrook Dr	Transaction ID: 90708.E1197 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 7 / 2 0 0 9</div> </div>
City Columbus State OH Zip Code 43232-6604 Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>250.00</div> <div>Category/Type</div>
B. Full Name (Last, First, Middle Initial) Friends of Heard Mailing Address 87 S Hampton Rd City Columbus State OH Zip Code 43213-1606 Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 90708.E1204 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>500.00</div> <div>Category/Type</div>
C. Full Name (Last, First, Middle Initial) Committee for Jim Hughes Mailing Address 14 E. Gay Street 2nd Floor City Columbus State OH Zip Code 43215- Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 90708.E1211 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>500.00</div> <div>Category/Type</div>

SUBTOTAL of Disbursements This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A. Full Name (Last, First, Middle Initial) Committee for Jim Hughes	Transaction ID: 90320.E1174 Date of Disbursement																				
Mailing Address 14 E. Gay Street 2nd Floor	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	2		2	0	0	9												
City Columbus State OH Zip Code 43215-	Amount of Each Disbursement this Period																				
Purpose of Disbursement DIRECT CONTRIBUTION	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>300.00</td> </tr> </table>																				300.00
									300.00												
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Husted for Ohio	Transaction ID: 90708.E1213 Date of Disbursement																				
Mailing Address 148 Sherbrooke Dr	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	5		2	0	0	9												
City Dayton State OH Zip Code 45429-1742	Amount of Each Disbursement this Period																				
Purpose of Disbursement DIRECT CONTRIBUTION	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>1000.00</td> </tr> </table>																				1000.00
									1000.00												
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Gloria Negrete McLeod Senate 2010	Transaction ID: 90708.E1187 Date of Disbursement																				
Mailing Address 1005 12th Street, Suite H	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	8		2	0	0	9												
City Sacramento State CA Zip Code 95814-	Amount of Each Disbursement this Period																				
Purpose of Disbursement DIRECT CONTRIBUTION	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>2500.00</td> </tr> </table>																				2500.00
									2500.00												
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

3800.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Committee to Elect Niehaus

Mailing Address 1131 Little Indian Creek Road

City
New Richmond

State
OH

Zip Code
45157-9602

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 90320.E1164

Date of Disbursement

03 / 04 / 2009

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Ohio House Democratic Caucus Fund

Mailing Address 340 E Fulton St

City
Columbus

State
OH

Zip Code
43215-5418

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2009
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

ANNUAL/OTHER

Transaction ID: 90708.E1194

Date of Disbursement

04 / 23 / 2009

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Republican Senate Campaign Committee

Mailing Address 4679 Winterset Dr

City
Columbus

State
OH

Zip Code
43220-8113

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2009
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

ANNUAL/OTHER

Transaction ID: 90320.E1181

Date of Disbursement

03 / 18 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A. Full Name (Last, First, Middle Initial)
Republican Senate Campaign Committee

Mailing Address 4679 Winterset Dr

City Columbus State OH Zip Code 43220-8113

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2009 ☐ Primary ☐ General
☒ Other (specify) ▼
State: District: ANNUAL/OTHER

Transaction ID: 90708.E1199

Date of Disbursement

05 / 08 / 2009

Amount of Each Disbursement this Period

1500.00

B. Full Name (Last, First, Middle Initial)
Seitz for State Senate

Mailing Address 4401 Abby Court

City Cincinnati State OH Zip Code 45248-

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2012 ☒ Primary ☐ General
☐ Other (specify) ▼
State: District:

Transaction ID: 90320.E1171

Date of Disbursement

03 / 12 / 2009

Amount of Each Disbursement this Period

350.00

C. Full Name (Last, First, Middle Initial)
Friends of Shirley A. Smith

Mailing Address 13901 Woodworth Avenue

City Cleveland State OH Zip Code 44112-

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼
State: District:

Transaction ID: 90320.E1175

Date of Disbursement

03 / 12 / 2009

Amount of Each Disbursement this Period

300.00

SUBTOTAL of Disbursements This Page (optional)

2150.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A. Full Name (Last, First, Middle Initial)
Dan Stewart for State Representative

Mailing Address 363 Demorest Rd

City Columbus State OH Zip Code 43204-1124

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 90708.E1195

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

B. Full Name (Last, First, Middle Initial)
Sykes for Office

Mailing Address 133 Furnace Run Dr

City Akron State OH Zip Code 44307-2259

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 90320.E1176

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
Committee to Elect Lynn Wachtmann

Mailing Address 550 Euclid Avenue

City Napoleon State OH Zip Code 43545-

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 90320.E1173

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A. Full Name (Last, First, Middle Initial) Citizens for Wagoner	Transaction ID: 90708.E1205 Date of Disbursement
Mailing Address 7445 Airport Hwy	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 5 / 2 0 0 9</div> </div>
City Holland State OH Zip Code 43528-9544	Amount of Each Disbursement this Period
Purpose of Disbursement DIRECT CONTRIBUTION	<div>500.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Committee to Elect W. Carlton Weddington	Transaction ID: 90320.E1177 Date of Disbursement
Mailing Address 75 N Ohio Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 0 9</div> </div>
City Columbus State OH Zip Code 43203-1950	Amount of Each Disbursement this Period
Purpose of Disbursement DIRECT CONTRIBUTION	<div>250.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Committee to Elect W. Carlton Weddington	Transaction ID: 90708.E1207 Date of Disbursement
Mailing Address 75 N Ohio Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 6 / 2 0 0 9</div> </div>
City Columbus State OH Zip Code 43203-1950	Amount of Each Disbursement this Period
Purpose of Disbursement DIRECT CONTRIBUTION	<div>250.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

32050.00